## **NEW VENDOR REQUEST FORM**

VENDOR NAME:	
VENDOR ADDRESS:	
REMITTANCE ADDRESS:	
(if different from above)	
CONTACT INFORMATION:	
Name	
Phone Number	
Fax Number	
Email address	
Website	
What type of items or servi (see vendor categories list)	ce will this vendor be supplying?
Individuals should also subm Please verify that the W-9 is Employer Identification Numb	MPLETE AND SUBMIT A FORM W-9. it a copy of their Social Security Card and Driver's License. completed. The Social Security Number (SSN) or the per (EIN) should be listed. Both of these numbers should not ne vendor uses to file a tax return should be listed. and dated.
SUBMITTED BY:	
	DEPARTMENT

Updated April 2009

Finance Received \_\_\_\_\_

CODE VENDOR CATEGORIES

CODE	<u>VENDOR CATEGORIES</u>
ACC	Accounting/Auditors
ANML	Animal/Accessories
ARCH	Architects
ATT	Attorneys
A-RS	Automotive-Repairs & Supplies
A-VP	Automotive-Vehicle Purchases
В	Board Meetings
CIV	Civic Organizations
COLL	Colleges
COMM	Communication Equipment & Service
COMP	Computers/Software
CC	Construction Contractors
CONS	Consultants
COPY	Copiers
D	Daycares
DENT	Dentists
DUES	Dues
E	Election Worker
EDU	Educational Material
ENG	Engineers
FIN	Financial Institutions
FIRE	Fire Departments
FOOD	Food Service
F	Foster Care
FUEL	Fuel
FURN	Furniture-Office
HEAV	Heavy Equipment Maintenance
H/M	Hotels/Motels
INS	Insurance
JAN	Janitorial
LAND	Landscaping/Ground Maintenance
MAIN	Maintenance Supplies
MEDF	Medical Facilities
MEDS	Medical Supplies
MEMB	Memberships
NUR	Nurses
OFF	Office Supplies
OTH	Other-please specify
PHY	Physicians
PUB	Publishing/Printing
R	Rent
REG	
	Registrations
SPOR	Sports Supplies
SUB	Subscriptions
SUR T	Surveyors
	Tax Refund
THER	Therapy
TR	Travel-Employee
U	Umpires/Referees
UNIF	Uniforms
UT	Utilities

Updated April 2009 Finance Received \_\_\_\_\_



## Alexander County Finance Office

Date:	
Vendor Name and Address:	
	_
	_
	_

RE: E-Verify

You are receiving this email/letter as you have done, are currently doing or may do business with the Alexander County government. As a result of House Bill 786 which became law in North Carolina on September 4, 2013, Alexander County is requesting your company complete the attached affidavit and return it to the Alexander County Finance Office for compliance purposes.

The new law prohibits local governments from contracting with contractors/companies who do not comply with E-Verify requirements and the law also applies to the contractor's/company's subcontractors.

Please understand your company is not obligated to complete and return the affidavit; however failure to do so will prohibit Alexander County from doing business with your company. Further, failure to comply may render any existing contracts void and unenforceable, which may affect outstanding or future payments by Alexander County to your company.

Alexander County would like to thank you in advance for your time and consideration. Please email or call if you have any questions. Your completed affidavit may be emailed to Amanda Wallace at <a href="mailto:awallace@alexandercountync.gov">awallace@alexandercountync.gov</a> or mailed to Alexander County Finance Office at 621 Liledoun Road Box 1, Taylorsville, NC 28681.

Sincerely,

Amanda Wallace

Administrative Support Assistant

Amanda Wallace

ALEXA	AFFIDAVIT ANDER COUNTY
****	**********
	(the individual attesting below), being duly authorized by and on behalf of (the entity doing business with Alexander County or bidding on a ct, hereinafter "Vendor") after first being duly sworn hereby swear or affirm as follows:
1. of Ho	Vendor understands that <u>E-Verify</u> is the federal E-Verify program operated by the United States Department meland Security and other federal agencies, or any successor or equivalent program used to verify the work prization of newly hired employees pursuant to federal law, and as defined in NCGS § 64-25(5).
status	Vendor understands and acknowledges that NCGS § 64-25(4) defines an "Employer" as one who employs 25 are employees in the State. Vendor further acknowledges that an Employer must use E-Verify to verify the work of newly hired employees. Each Employer, after hiring an employee to work in the United States, shall verify ork authorization of the employee through E-Verify in accordance with NCGS § 64-26(a).
3. emplo	Vendor is a person, business entity, or other organization that transacts business in this State and that bys 25 or more employees in this State. (mark Yes or No)
	a. YES, or b. NO
	Vendor understands that its subcontractors, who meet the definition of Employer, must also comply with E-r, and if Vendor does business with Alexander County or is the winning bidder on a project, Vendor will ensure liance with E-Verify by any and all subcontractors subsequently hired by Vendor.
This _	day of, 20
Signat	ture of Affiant
•	or Type Name:
State	of North Carolina Alexander County
Signe	d and sworn to (or affirmed) before me, this the   $\vec{x}^{i}$
day o	d and sworn to (or affirmed) before me, this the  f, 20  Ommission Expires:
My C	ommission Expires:

**Notary Public**